## **HUMAN SERVICES DEPARTMENT[441]**

## Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 75, "Conditions of Eligibility," Iowa Administrative Code.

The amendment will increase premiums for members under the Medicaid for Employed People with Disabilities (MEPD) program with income over 165 percent of the federal poverty level (FPL). The state is required to adjust the premium scale based on the health insurance cost for state employees. The premium amount for members with income over 150 percent of FPL but under 165 percent of FPL was not increased in order to maintain a sliding scale with a reasonable number of gradually increasing income and premium increments.

The amendment also clarifies policy on when to reopen an individual's case if the case is canceled for nonpayment. The amendment also revises policy on where to mail the MEPD premiums and revises the form number of the MEPD billing statement.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0047C** on March 21, 2012. The Department received no comments. This amendment is identical to the one published under Notice of Intended Action.

The Council on Human Services adopted this amendment on May 15, 2012.

This amendment does not provide for waivers in specified situations because individuals may request a waiver of any rule under the Department's general rule on exceptions at rule 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement 2011 Iowa Code Supplement section 249A.3(2)"a"(1) and Social Security Act Sections 1916A(a)(2)(B), (b)(1)(B)(ii) and (b)(2)(A).

This amendment will become effective August 1, 2012.

The following amendment is adopted.

Amend paragraph 75.1(39)"b" as follows:

- b. Eligibility for a person whose gross income is greater than 150 percent of the federal poverty level for an individual is conditional upon payment of a premium. Gross income includes all earned and unearned income of the conditionally eligible person. A monthly premium shall be assessed at the time of application and at the annual review. The premium amounts and the federal poverty level increments above 150 percent of the federal poverty level used to assess premiums will be adjusted annually on August 1.
  - (1) and (2) No change.
  - (3) Premiums shall be assessed as follows:

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
150% of Federal Poverty Level	\$34
165% of Federal Poverty Level	\$44 <u>46</u>
180% of Federal Poverty Level	\$ <del>54</del> <u>56</u>
200% of Federal Poverty Level	\$ <del>65</del> <u>66</u>
225% of Federal Poverty Level	\$ <del>75</del> <u>78</u>
250% of Federal Poverty Level	\$ <del>86</del> <u>88</u>
300% of Federal Poverty Level	\$ <del>106</del> <u>108</u>
350% of Federal Poverty Level	\$ <del>127</del> <u>130</u>
400% of Federal Poverty Level	\$ <del>148</del> <u>152</u>
450% of Federal Poverty Level	\$ <del>169</del> <u>174</u>
550% of Federal Poverty Level	\$ <del>209</del> <u>215</u>

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
650% of Federal Poverty Level	\$ <del>250</del> <u>257</u>
750% of Federal Poverty Level	\$ <del>292</del> <u>300</u>
850% of Federal Poverty Level	\$ <del>335</del> <u>344</u>
1000% of Federal Poverty Level	\$ <del>399</del> <u>409</u>
1150% of Federal Poverty Level	\$4 <del>69</del> 481
1300% of Federal Poverty Level	\$ <del>560</del> <u>574</u>
1480% of Federal Poverty Level	\$ <del>660</del> <u>667</u>

- (4) to (6) No change.
- (7) An individual's case may be reopened when Medicaid eligibility is canceled for nonpayment of premium. However, the <u>full</u> premium must be <u>paid in full within the calendar month following the month the payment was due for reopening received by the department on or before the last day of the month following the month the premium is to cover.</u>
- (8) Premiums may be submitted in the form of money orders or personal checks to the address printed on the return envelope enclosed with coupon attached to Form 470-3902, MEPD Billing Statement.
  - (9) and (10) No change.
  - (11) Form 470-3694 470-3902, MEPD Billing Statement, shall be used for billing and collection.

[Filed 5/15/12, effective 8/1/12] [Published 6/13/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/13/12.